

LETTERS

these anesthesiologists are, in the main, self-employed health care providers who are not agents of the hospital where they work and bill on a fee-for-service basis just like all other physicians. It is also rather unfair to group anesthesiologists along with radiologists and pathologists whose mode of practice is not even remotely similar. Many, if not most, anesthesiologists provide their own equipment, maintain separate billing offices from the hospital and differ only slightly from their surgical colleagues who also "do their thing" within the hospitals (but without being asked to provide any of the necessary equipment for the practice of their specialty). There is, however, a most significant difference between all members of the surgical specialties and the anesthesiologists, and that is the grossly inadequate reimbursement levels for their respective services.

For reasons that I am not in the least critical of, their survey dealt only with one of the many state mandated programs. But the full impact of the problem—especially as it applies to the anesthesiologists—can not be appreciated unless it is brought out that there are many other programs (both state and federal) which reimburse the anesthesiologists at far less than usual and customary fees, and that they have had and will continue to have a most deleterious effect upon the viability of this specialty. I am referring to the Crippled Children Services, industrial accident cases, Medicare, CHAMPUS, etc. Anyone who is familiar with these reimbursement schedules knows whereof I speak and I do not choose to embarrass my surgical colleagues by listing some of these gross inequities of reimbursement. But they do exist and this fact is well known by the hospital administrators as well as the surgeons.

Surveys as recent as December 1975 indicate that perhaps as many as 25 to 30 percent of the anesthesiological work force have already left the state of California, have entered the military or Veterans Administration hospital systems or are being forced to retire from practice.¹ Similar surveys of the residents-in-training in the field of anesthesiology who are about to complete their training have indicated that they will not practice in California.² What is needed is a total reevaluation of the reimbursement schedules for all these state and federally mandated programs as it applies to all specialties—both surgical and non-surgical. In my opinion, the survey by Jones and Hamburger does a disservice in not pointing out these facts as well as excluding certain specialties

which are vitally affected. Neglectful inaction in this area will soon enough result in the destruction of an entire discipline of medicine in the very near future and will have a profound and disruptive effect upon the quality and quantity of health care to all Californians—and just maybe everyone in the United States.

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REFERENCES

1. Survey results. *Bull Calif Soc Anesthesiologists, Inc.* 25:6, Jan 1976
2. Lauber DJ: Personal communication with training directors of all residency programs in anesthesiology in California

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The Authors Reply

IN RESPONSE to Doctor Lauber's letter, the following details will explain the exclusion of anesthesiologists from the results of the Medi-Cal Participation Survey.

A total of 48 out of 72 anesthesiologists randomly included in the sample returned their questionnaires. Among these respondents, 18 merely commented that their own situation was not applicable to this survey, since they do not choose whether or not to accept Medi-Cal patients for treatment. Of the 30 who did complete at least a portion of the questionnaire, several indicated that they were answering the questions hypothetically. This response was similar for pathologists and radiologists.

In summary, more than one third of respondents in these specialties disqualified themselves in this manner and virtually all others indicated that they treat *all* patients referred to them (many noting that they have little or no choice in the matter). While sharing Doctor Lauber's concerns, the authors nevertheless concluded that data from anesthesiologists were not specifically relevant to the issues being studied. Such responses, furthermore, would have distorted the overall survey results.

As with other physicians, many anesthesiologists who did respond indicated dissatisfaction with the Medi-Cal program, and several cited problems with reimbursement far below their usual fees.

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